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Safety and Efficacy of Surgical Resection After Conversion Therapy for Unresectable T4 Non-Small Cell Lung Cancer: A retrospective Real-World Study

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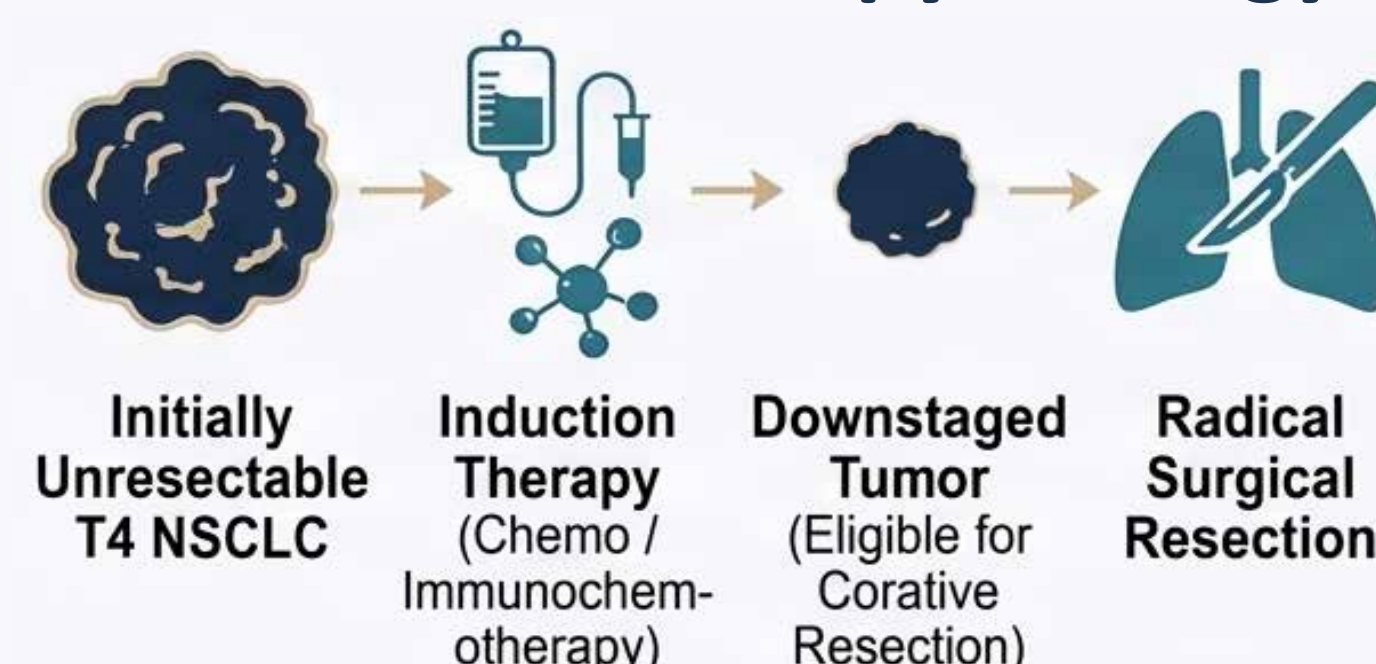
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BACKGROUND

Unresectable T4 NSCLC Challenge

Unresectable T4 *Inv* NSCLC faces significant therapeutic challenges with poor prognosis, **the PACIFIC regimen only improves 3-year OS to 57%**.

Conversion Therapy Strategy



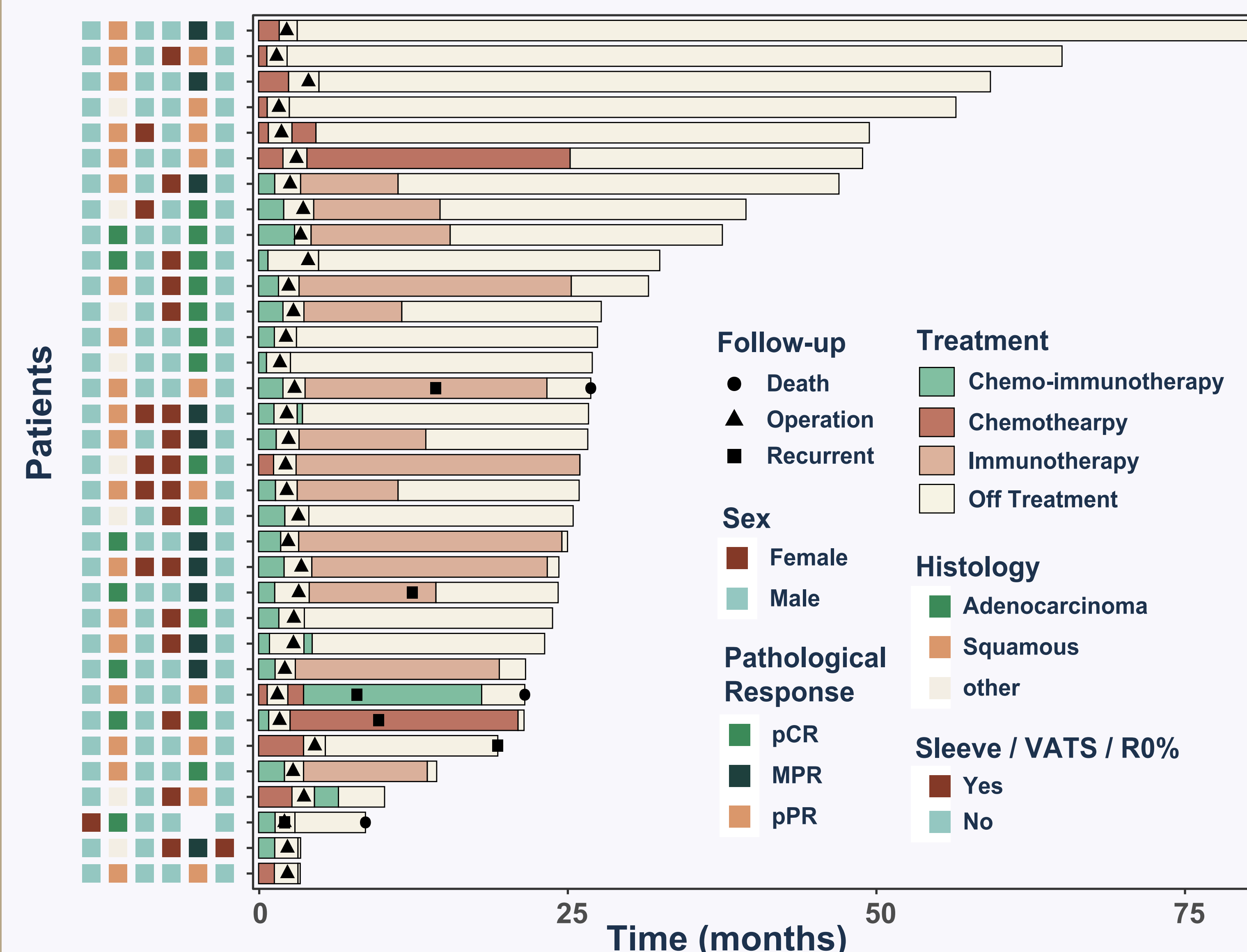
Conversion therapy offers a potential curative strategy by downstaging tumors for radical resection. Therefore, we aimed to analyze the safety and efficacy of surgery after induction therapy in a real-world trials.

Method

This retrospective real-world study enrolled initially unresectable T4-*Inv* NSCLC patients (TNM v9), assessed by 2 thoracic surgeons, who received conversion therapy following with curative resection from 2018-2023. Inclusion criteria were ECOG PS 0-1, normal organ function, and no active autoimmune disease, severe infection or other malignancies. Primary endpoints were R0 resection rate and perioperative complication rate, while secondary endpoints were overall survival [OS] and event-free survival [EFS].

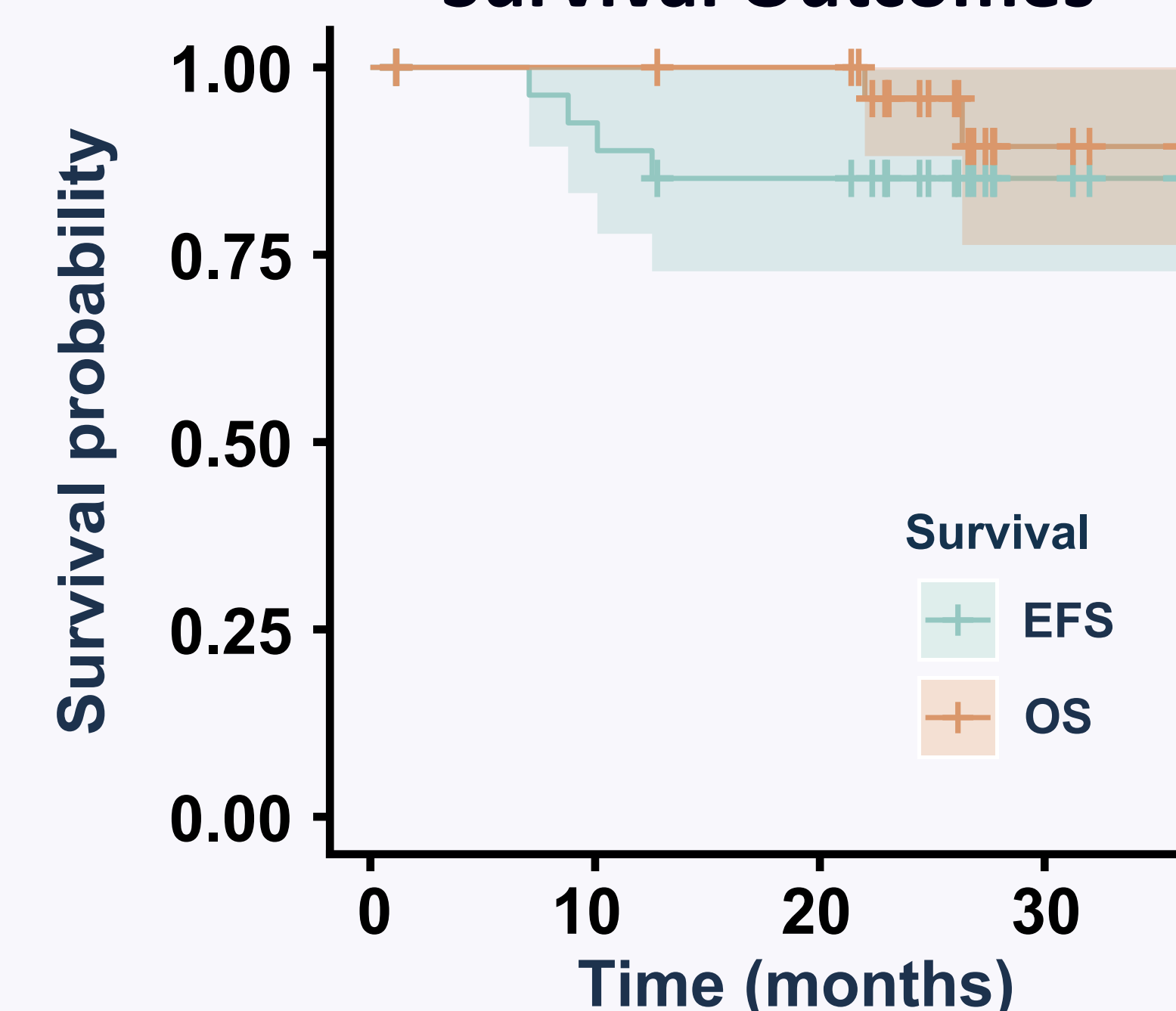
RESULT

Clinical Event Trajectories

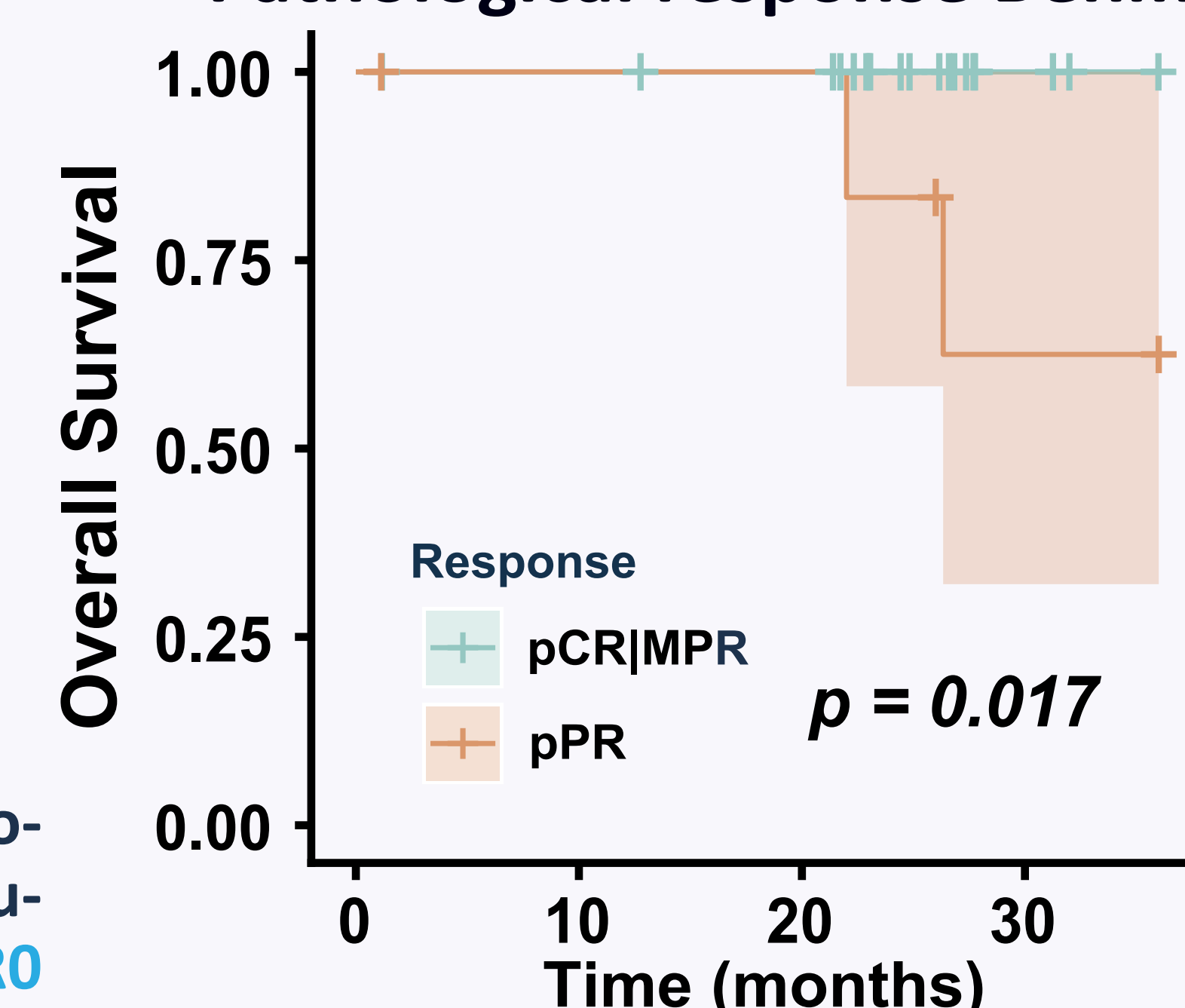


34 NSCLC patients were included, with median age 62.5 years and bio-spy histology confirmation. After conversion therapy with chemotherapy (n=11) or immunotherapy (n=23), **97.1% patients underwent radical surgery achieving R0 resection** at a median time of 32 (16-107) days after conversion therapy. 25 (75.8%) patients underwent lobectomy, 6 (18.2%) underwent sleeve lobectomy, 2 (6.1%) underwent bilobectomy and 1 (3.0%) with wedge resection. **VATS rate was 48.5%**. The median operation time was 138 (90-306) minutes. **Perioperative complication rate was 8.8%, primarily including pneumonia and air leak**. 14 patients were transferred to ICU with a mean observation time of 1.9 (1-5) days after surgery. The median post-operation hospital stay was 6 (4-24) days. Median follow-up was 26.5 months, Median OS and EFS has not yet been reached, during which **2-year OS and EFS respectively reached 95.3% and 85.2%**. Subgroup analyses showed that patients achieving **pCR (n=12) and MPR (RVT ≤ 10%, n=11) exhibited significantly prolonged survival**, with 2-year OS and EFS reaching 100% and 90.9%, compared to 60% and 63.5% in pPR patients (10%<RVT≤50%, n=10). However, there was no significant difference in survival between different conservation treatments.

Survival Outcomes

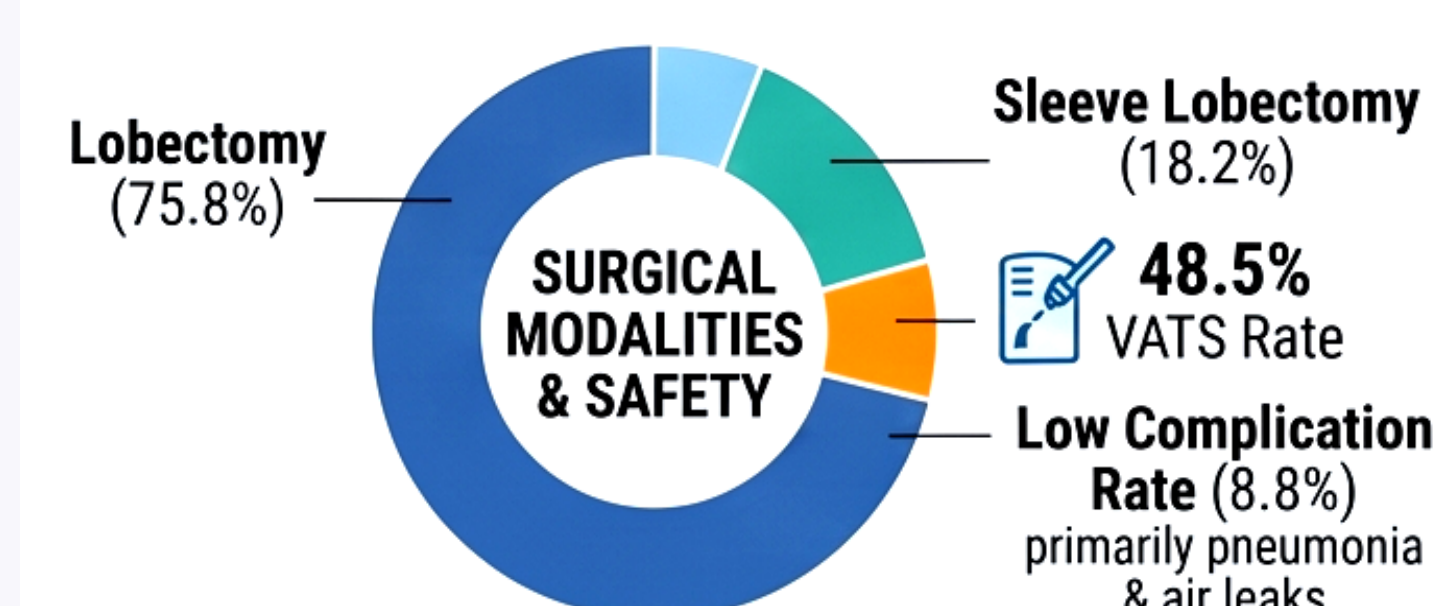


Pathological response Benifit



97.1% R0 Resection Rate Achieved

Radical surgery median 32 days after therapy; nearly all with clear margins.



Conclusion

The real-world analysis confirmed the safety and inspiring efficacy of radical resection following conversion therapy in locally advanced NSCLC treatment.

Our findings underscore the prognostic value of residual tumor burden after conversion therapy, particularly the survival advantage associated with deep pathological responses.

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